

1306

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **JANUARY 1**, 20 **13** and ending **JUNE 30**, 20 **13**

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
OREGON AFSCME COUNCIL 75 POLITICAL FUND

Employer identification number
931301288

2 Mailing address (P O Box or number, street, and room or suite number)
1400 TANDEM AVE NE

City or town, state, and ZIP code
SALEM, OR 97301

3 E-mail address of organization
KALLEN@OREGONAFSCME.COM

4 Date organization was formed
07/01/00

5a Name of custodian of records
JENEANE RAMSEIER

5b Custodian's address
1400 TANDEM AVE NE
SALEM, OR 97301

6a Name of contact person
JENEANE RAMSEIER

6b Contact person's address
SAME

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election _____

(2) Date of election _____

(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election _____

(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	0
10 Total amount of reported expenditures (total from all attached Schedules B)	10	200

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ☒ Jeneane Ramsie Signature of authorized official

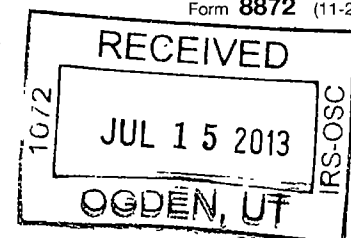
☒ 7-11-13 Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

#012
JUL 16 2013
Recv'd Entity



04246 46038 JUL 17 13
SCANNED JUN 30 2013

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization OREGON AFSCME COUNCIL 75 POLITICAL FUND		Employer identification number 93 1301288
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 0

Schedule B Itemized Expenditures

Schedule B page 1 of 1

Name of organization

Employer identification number

OREGON AFSCME COUNCIL 75 POLITICAL FUND**93-1301288**

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

AGGREGATE BELOW THRESHOLD**\$ 200**

Recipient's occupation

Date of expenditure

03/23/13

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872 .

\$ 200